

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/689,941
	Filing Date	October 21, 2003
	First Named Inventor	Matthew T. Adams
	Art Unit	1774
	Examiner Name	Tamra Dicus
	Attorney Docket Number	481062.410

I hereby revoke all previous powers of attorney given in the above-identified application.

<input type="checkbox"/> A Power of Attorney is submitted herewith. <b>OR</b> <input checked="" type="checkbox"/> I hereby appoint the practitioners at Customer Number: <b>35243</b>
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number <b>35243</b>

<b>OR</b>				
<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Email		

I am the:

- ☐ Applicant/Inventor.  
☒ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  
☒ As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).

SIGNATURE of Applicant or Assignee of Record	
Signature	<i>Robert Ramin</i> Date <b>December 1, 2006</b>
Name	<i>Robert Ramin</i>
Title and Company (Assignee)	<i>Vice President</i> Intermec IP Corp.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input type="checkbox"/> *Total of ____ forms are submitted.
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